



# APPLICATION FOR EMPLOYMENT

Lone Star Materials, Inc., a GMS Company (“The Company”), is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualification and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, sexual orientation, or any other protected category.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not indicate “See Resume.”)

**Position Applying for:** \_\_\_\_\_

**Name (First, Middle, Last):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cellular Phone:** \_\_\_\_\_

**Other Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Are you eligible to work in the United States?**  YES  NO

**Are you 18 years of age or older?**  YES  NO

<b>Are you currently employed at The Company or its subsidiaries?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, what is your current job title &amp; department:</i>
<b>Have you ever been employed by The Company or its subsidiaries?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, dates of employment &amp; reason for leaving:</i>
<b>If required for position, do you have a valid driver’s license?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, State of issuance, license #, and expiration date:</i>
<b>Are you able to perform the essential functions of the job for which you are applying (with or without accommodation)?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Comments:</i>

**How did you learn about this employment opportunity? Check all that apply:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> LinkedIn        | <input type="checkbox"/> CareerBuilder | <input type="checkbox"/> Agency, which one?    | <input type="checkbox"/> Employee Referral, who? |
| <input type="checkbox"/> Company Website | <input type="checkbox"/> Indeed        | <input type="checkbox"/> Job Board, which one? | <input type="checkbox"/> Other _____             |

# APPLICATION FOR EMPLOYMENT

Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).

**WORK EXPERIENCE:** Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Past 10 years for drivers with Commercial Driver's License. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE NOTE,** The Company reserves the right to contact all current and former employers for reference information.

WORK EXPERIENCE:	
<b>Dates Employed</b> ( <i>most recent position</i> ) From: To:	<b>Title:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part-time
<b>Starting Salary:</b>	<b>Organization Name and Address:</b>
<b>Final Salary:</b>	
Were you subject to the Federal Motor Carrier Safety Regulations while working for this employer? ___Yes ___No ___N/A	<b>Supervisor's Name, Title and Phone #:</b>
Was your job designated as a "safety sensitive function" subject to DOT drug and alcohol testing? ___Yes ___No ___N/A	<b>Other Reference Name, Title and Phone #:</b> <b>Contact my current references:</b> <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
<b>Primary duties:</b>	<b>Reason for Leaving:</b>
<b>Dates Employed</b> From: To:	<b>Title:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part-time
<b>Starting Salary:</b>	<b>Organization Name and Address:</b>
<b>Final Salary:</b>	
Were you subject to the Federal Motor Carrier Safety Regulations while working for this employer? ___Yes ___No ___N/A	<b>Supervisor's Name, Title and Phone #:</b>
Was your job designated as a "safety sensitive function" subject to DOT drug and alcohol testing? ___Yes ___No ___N/A	<b>Other Reference Name, Title and Phone #:</b> <b>Contact my current references:</b> <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
<b>Primary duties:</b>	<b>Reason for Leaving:</b>

# APPLICATION FOR EMPLOYMENT

<b>Dates Employed</b> From: To:	Title: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time
Starting Salary:	Organization Name and Address:
Final Salary:	
Were you subject to the Federal Motor Carrier Safety Regulations while working for this employer? ___Yes ___No ___N/A	Supervisor's Name, Title and Phone #:
Was your job designated as a "safety sensitive function" subject to DOT drug and alcohol testing? ___Yes ___No ___N/A	Other Reference Name, Title and Phone #:
Primary duties:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
	Reason for Leaving:

  

<b>Dates Employed</b> From: To:	Title: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time
Starting Salary:	Organization Name and Address:
Final Salary:	
Were you subject to the Federal Motor Carrier Safety Regulations while working for this employer? ___Yes ___No ___N/A	Supervisor's Name, Title and Phone #:
Was your job designated as a "safety sensitive function" subject to DOT drug and alcohol testing? ___Yes ___No ___N/A	Other Reference Name, Title and Phone #:
Primary duties:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
	Reason for Leaving:

EDUCATION:					
Name of School	City/State	Did you graduate?	If No, # of years left to graduate	Degree received	Major
High School:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other School:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.					

# APPLICATION FOR EMPLOYMENT

---

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize The Company to investigate, without liability, all statements contained in this application and supporting materials. **I authorize references and former employers, without liability, to provide information to inquiries in connection with this application for employment.** If requested, I agree to submit to a physical exam, criminal and credit background investigation, E-Verify employment eligibility check, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of The Company serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_